

Common challenges and points to consider in establishing monitoring systems

Challenge	Points to consider
 A tendency to focus on situation and progress monitoring, rather than outcomes and impact. Poor linkages between situation monitoring and regular reporting of standard indicators, leading to a focus on the completion of planned activities without reference to the changing emergency context. Inadequate participation of Nutrition Cluster stakeholders and affected communities in developing the monitoring system or using the information collected. Duplications in the collection of information. Difficulty in getting agreement to use common monitoring tools and approaches. Collection of the wrong or inadequate baseline information, preventing effective assessment of progress. Poorly defined, inadequate or too many indicators to guide monitoring of all aspects of the Nutrition Cluster response. Lack, or unreliable collection, of sex- and age-disaggregated data (SADD), or poor gender analysis. Failure to monitor targets/indicators as they are not linked to broader strategic/funding targets. 	 Ensure that links with the evaluation component of the M&E system are made, in terms of indicators and information collected through routine monitoring. Generate agreement within the Nutrition Cluster to use standardised information needs, sources and indicators, which are clearly stated in the cluster's TOR/SOP. Ensure that the indicators reflect priority needs and are relevant to national-level priorities to the best extent possible. Involve Nutrition Cluster partners in the design of systems and tools (through a subgroup) and sensitise all actors to the benefits of participation. Give adequate attention to nutrition information needs in pre- and in-crisis data at the preliminary and rapid assessment stages. Incorporate national/local monitoring teams into the cluster-level monitoring system. Ensure that collection and analysis by sex and age of all data concerning the humanitarian response, with differences analysed and used to develop a profile of atrisk populations and how their needs are being met, becomes common practice. This can be done by incorporating the need for SADD into cluster minimum standards and capacity building plans or by embedding it in monitoring frameworks. Ensure a structured response planning and review process which clearly outlines the problems to be addressed and objectives and standards needed to address them, with key indicators to measure progress towards this.